

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1791

1. PLACE OF DEATH

65 County Mercer
Township Marion
City Mercer (No. _____)

Registration District No. 553
Primary Registration District No. 5746

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

Bess A. Bass
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary Bass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8-18-74</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>9</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer Missouri</u>		
13. NAME <u>Chas Bass</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Norcross</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>		
17. INFORMANT (ADDRESS) <u>Mary Bass</u> <u>Mercer Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pine</u> DATE <u>January 21, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Doel Moss</u> <u>Princeton Mo.</u>		
20. FILED <u>Jan 21, 1932</u> <u>Mary O. Fisher</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan-19-1932, 19____
I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Suicide with 12 Gauge Shot Gun. Shot in left temple. Came out on right side head.
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 1.19.1932
Where did injury occur? 1-19-1932 Mercer, Mercer county, Mo.
suicide (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on farm

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) L. J. Dixon Justin J. Dixon
(Address) Princeton, Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

